

**AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS**
United States Court of Appeals
for the Seventh Circuit

**WINNEBAGO COUNTY
CORRECTIONS
SEARCHED**

Jerry Lewis Gulley

v. Case No. 08-2747
Dr. David Pocock
Dr. Cyrus Oats
Winn. County Justice Center

) Appeal from the United States District Court for the
) Northern District of ILLINOIS, Western Division

) District Court No. 3:08-cv-50099

) District Court Judge Frederick Kapala

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Jerry Lewis Gulley

Instructions

Complete all questions in this application and then sign it.

Do not leave any blanks: if the answer to a question is "none," or "not applicable (N/A)," write that response. If

you need more space to answer a question or to explain your answer, attach a separate sheet of paper, identified with your name, your case's docket number, and the question number.

Date: _____

AUG 01 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

My issues on appeal are: winnebago County Jail was put on notice.
Deliberate and Indifference. Six (6) year policy.
that did not work. To show I can state a claim.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Alimony	\$ <u>2,000</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify): <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

Separated for
2 1/2 years

**U.S.C.A. - 7th Circuit
RECEIVED**

JUL 28 2008

**GINO J. AGNELLO
CLERK**

ANNEBAGO COUNTY
CORRECTIONS
SEARCHED

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Social Security Disability		Jan 15, 02	\$1800.00
Gunit Corp 312 people ave.		May 12-94	\$3,000.00
One Stop Pharm South main		May 8, -87	\$1400.00

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ N/A

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
NONE	NONE	Make & year: N/A
NONE	NONE	Model: N/A
NONE	NONE	Registration # N/A
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: NONE	NONE	NONE
Model: NONE	NONE	NONE
Registration # NONE	NONE	NONE

MINNEBAGO COUNTY
CORRECTIONS
SEARCHED

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
N/A Jerry Gullett II	SON	18
N/A Jerome Gullett	SON	17
N/A Aublin Gullett	N/A SON	16

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u> Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>N/A</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ <u>N/A</u>
Food	\$ <u>N/A</u>	\$ <u>N/A</u>
Clothing	\$ <u>N/A</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>2.00</u>	\$ <u>N/A</u>
Transportation (not including motor vehicle expenses)	\$ <u>N/A</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ <u>N/A</u>
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$ <u>N/A</u>	\$ <u>N/A</u>

NEBAGO COUNTY
CORRECTIONS
SEARCHED

Life	\$ <u>NONE</u>	\$ <u>N/A</u>
Health	\$ <u>NONE</u>	\$ <u>N/A</u>
Motor vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>NONE</u>	\$ <u>N/A</u>
Installment payments	\$ <u>NONE</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>NONE</u>	\$ <u>N/A</u>
Credit card (name): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Department store (name): <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Other: <u>NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>NONE</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>NONE</u>	\$ <u>N/A</u>
Other (specify): <u>NONE NONE</u>	\$ <u>NONE</u>	\$ <u>N/A</u>
Total monthly expenses:	\$ <u>NONE</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[] Yes [X] No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services in connection with this case, including the completion of this form?

[] Yes [X] No If yes, how much? \$ NONE

If yes, state the attorney's name, address, and telephone number:

NONE

NONE

NONE

WINNEBAGO COUNTY
CORRECTIONS
SEARCHED

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes [X] No If yes, how much? \$ N/A

If yes, state the person's name, address, and telephone number:

N/A
N/A
N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

650 Winnebago County Justice Center
650 West State St.
Rockford, IL 61101

Your daytime phone number: () N/A

Your age: 50 Your years of schooling: 12

Your social-security number: 432-15-7633